

2007 TAX RETURN

Client Copy

Client: 530

Prepared for: KENTUCKY HISTORICAL SOCIETY FOUNDATION  
INC.  
100 WEST BROADWAY  
Frankfort, KY 40601-1931  
502-564-3016

Prepared by: Greg Miklavcic, CPA  
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Frankfort, KY 40601-1867  
(502) 227-7395

Date: February 10, 2009

Comments:

Route to: \_\_\_\_\_

**2007 Exempt Org. Return**  
prepared for:

**KENTUCKY HISTORICAL SOCIETY FOUNDATION  
INC.**  
100 WEST BROADWAY  
Frankfort, KY 40601-1931

**Charles T. Mitchell Co.**  
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INC.  
100 WEST BROADWAY  
Frankfort, KY 40601-1931  
502-564-3016

FEDERAL FORMS

Form 990	2007 Return of Organization Exempt from Income Tax
Schedule A	Organization Exempt Under Section 501(c)(3)
Schedule B	Schedule of Contributors
Form 8868	Application for Extension
Form 8879-EO	IRS e-file Signature Authorization

FEE SUMMARY

Preparation Fee

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	2007	2006	Diff
REVENUE			
Contributions, gifts, and grants.....	497,518	2,063,831	-1,566,313
Interest on savings/temp cash invest.....	77,168	100,100	-22,932
Total revenue.....	574,686	2,163,931	-1,589,245
EXPENSES			
Program services.....	805,467	570,990	234,477
Fundraising.....	2,560	0	2,560
Total expenses.....	808,027	570,990	237,037
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year.....	-233,341	1,592,941	-1,826,282
Net assets/fund bal. at beg. of year.....	3,940,708	2,347,767	1,592,941
Other changes in net assets/fund bal.....	-52,797	0	-52,797
Net assets/fund bal. at end of year.....	3,654,570	3,940,708	-286,138

2007

General Information  
KENTUCKY HISTORICAL SOCIETY FOUNDATION  
INC.

Page 1  
61-1204590

Forms needed for this return

Federal : 990, Sch A, Sch B, 8868

Carryovers to 2008

None

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

#### Prior to transmission of the return

##### Form 990

The organization should review their Federal Return along with any accompanying schedules and statements.

##### Paperless e-file

The organization should read, sign and date the Form 8879-EO, IRS e-file Signature Authorization.

##### Even Return

No payment is required.

#### After transmission of the return

Receive acknowledgement of your e-file transmission status.

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

Keep a signed copy of Form 8879-EO, IRS e-file Signature Authorization in your files for 3 years.

Do not mail:

Form 8879-EO IRS e-file Signature Authorization

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

#### Prior to transmission of the return

Form 8868

No signature is required when filing Form 8868 electronically.

Even Return

No payment is required.

#### After transmission of the return

Receive acknowledgement of your e-file transmission status.

Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

Form 990, Part II, Line 25a  
Compensation of Officers, Directors, Etc.

Compensation Received	(A)	(B)	(C)	(D)
Name	Total	Program Services	Management & General	Fundraising
JIM WALLACE	54,654.	54,654.	0.	0.
Total	<u>\$ 54,654.</u>	<u>\$ 54,654.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Employee Benefit Plan Contribution	(A)	(B)	(C)	(D)
Name	Total	Program Services	Management & General	Fundraising
JIM WALLACE	0.	0.	0.	0.
Total	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Expense Acct. & Other Allowances	(A)	(B)	(C)	(D)
Name	Total	Program Services	Management & General	Fundraising
JIM WALLACE	0.	0.	0.	0.
Total	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>



Form 8879-EO

IRS e-file Signature Authorization  
for an Exempt Organization

OMB No. 1545-1878

For calendar year 2007, or fiscal year beginning 7/01, 2007, and ending 6/30, 2008.

Department of the Treasury  
Internal Revenue ServiceG Do not send to the IRS. Keep for your records.  
G See instructions.

2007

Return ID (20-digit number) A 61063820080341000066

Name of exempt organization KENTUCKY HISTORICAL SOCIETY FOUNDATION  
INC.Employer identification number  
61-1204590

Name and title of officer

JIM WALACE

Director

## Part I Tax Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here. . . . .	G <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12) . . . . .	1b	574,686.
2a Form 990-EZ check here. . . . .	G <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a Form 1120-POL check here. . . . .	G <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a Form 990-PF check here. . . . .	G <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5) . . . . .	4b	
5a Form 8868 check here. . . . .	G <input type="checkbox"/>	b Balance Due (Form 8868, line 3c) . . . . .	5b	

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize Charles T. Mitchell Co. to enter my PIN 00530 as my signature  
ERO firm name do not enter all zeros

on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature G \_\_\_\_\_ Date G \_\_\_\_\_

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 61063809947  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature G \_\_\_\_\_ Date G \_\_\_\_\_

ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2007)

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

2007

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service(77)

G The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use  
IRS label  
or print  
or type.  
See  
specific  
instruc-  
tions.

C KENTUCKY HISTORICAL SOCIETY FOUNDATION  
INC.  
100 WEST BROADWAY  
Frankfort, KY 40601-1931

D Employer Identification Number

61-1204590

E Telephone number

502-564-3016

F Accounting method:

☐ Cash☒ Accrual☐ Other (specify) G

? Section 501(c)(3) organizations and 4947(a)(1) nonexempt  
charitable trusts must attach a completed Schedule A  
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates. G

H (c) Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an  
organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number. G

M Check ☐ if the organization is not required  
to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: G N/A

J Organization type  
(check only one)G ☒ 501(c) 3 H (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its  
gross receipts are normally not more than \$25,000. A return is not required, but if the  
organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 G 574, 686.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a	497,518.	
	b	Direct public support (not included on line 1a)	1b		
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ 497,518. noncash \$ )	1e	497,518.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	77,168.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe G )	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		
	b Less: cost or other basis and sales expenses	8b			
	c Gain or (loss) (attach schedule)	8c			
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here. G <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	574,686.		
EXPENSES	13	Program services (from line 44, column (B))	13	805,467.	
	14	Management and general (from line 44, column (C))	14		
	15	Fundraising (from line 44, column (D))	15	2,560.	
	16	Payments to affiliates (attach schedule)	16		
17	Total expenses. Add lines 16 and 44, column (A)	17	808,027.		
ASSETS	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	-233,341.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,940,708.	
	20	Other changes in net assets or fund balances (attach explanation) See Statement 1	20	-52,797.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	3,654,570.	

**Part II** Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... G <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... G <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule).....	23				
24 Benefits paid to or for members (attach schedule).....	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A.....	25a	54,654.	54,654.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B.....	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c.....	26	131,556.	131,556.		
27 Pension plan contributions not included on lines 25a, b, and c.....	27				
28 Employee benefits not included on lines 25a - 27.....	28	5,600.	5,600.		
29 Payroll taxes.....	29	14,346.	14,346.		
30 Professional fundraising fees.....	30	2,560.			2,560.
31 Accounting fees.....	31	12,379.	12,379.		
32 Legal fees.....	32				
33 Supplies.....	33	1,505.	1,505.		
34 Telephone.....	34				
35 Postage and shipping.....	35	7,249.	7,249.		
36 Occupancy.....	36				
37 Equipment rental and maintenance.....	37				
38 Printing and publications.....	38	7,965.	7,965.		
39 Travel.....	39	2,174.	2,174.		
40 Conferences, conventions, and meetings.....	40				
41 Interest.....	41				
42 Depreciation, depletion, etc (attach schedule).....	42				
43 Other expenses not covered above (itemize):					
a See Statement 2.....	43a	568,039.	568,039.		
b.....	43b				
c.....	43c				
d.....	43d				
e.....	43e				
f.....	43f				
g.....	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	808,027.	805,467.	0.	2,560.

Joint Costs. Check G ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?..... G ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? G Promoting the state of Ky's history.

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and  
(4) organizations and  
4947(a)(1) trusts; but  
optional for others.)

a Promoting an awareness of the rich and bountiful history of the  
Commonwealth of Kentucky through the exhibits created and displayed at  
the Kentucky History Center.

(Grants and allocations \$ ) If this amount includes foreign grants, check here G ☐

805,467.

b

(Grants and allocations \$ ) If this amount includes foreign grants, check here G ☐

c

(Grants and allocations \$ ) If this amount includes foreign grants, check here G ☐

d

(Grants and allocations \$ ) If this amount includes foreign grants, check here G ☐

e Other program services

(Grants and allocations \$ ) If this amount includes foreign grants, check here G ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) G 805,467.

BAA

Form 990 (2007)

**Part IV** Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
A S S E T S	45 Cash ' non-interest-bearing .....	1, 857, 300.	45	1, 442, 625.
	46 Savings and temporary cash investments .....		46	
	47a Accounts receivable.....	47 a		
	b Less: allowance for doubtful accounts.....	47 b	47 c	
	48a Pledges receivable.....	48 a	935, 711.	
	b Less: allowance for doubtful accounts.....	48 b		
	49 Grants receivable.....		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule).....		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule).....		50b	
	51a Other notes and loans receivable (attach schedule).....	51 a		
	b Less: allowance for doubtful accounts.....	51 b	51 c	
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....		53	
	54a Investments ' publicly-traded securities.....	G <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54 a	
	b Investments ' other securities (attach sch).....	G <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54 b	1, 283, 353.
	55a Investments ' land, buildings, & equipment: basis .....	55 a		
	b Less: accumulated depreciation (attach schedule).....	55 b	55 c	
	56 Investments ' other (attach schedule).....		56	
	57a Land, buildings, and equipment: basis .....	57 a		
b Less: accumulated depreciation (attach schedule).....	57 b	57 c		
58 Other assets, including program-related investments (describe G .....		58		
59 Total assets (must equal line 74). Add lines 45 through 58 .....	3, 952, 282.	59	3, 661, 689.	
L I A B I L I T I E S	60 Accounts payable and accrued expenses.....	11, 574.	60	7, 119.
	61 Grants payable .....		61	
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule).....		63	
	64a Tax-exempt bond liabilities (attach schedule).....		64 a	
	b Mortgages and other notes payable (attach schedule).....		64 b	
	65 Other liabilities (describe G .....		65	
	66 Total liabilities. Add lines 60 through 65.....	11, 574.	66	7, 119.
N E T A S S E T S O R F U N D B A L A N C E S	Organizations that follow SFAS 117, check here G <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	3, 278, 100.	67	2, 490, 802.
	68 Temporarily restricted .....	163, 169.	68	664, 329.
	69 Permanently restricted .....	499, 439.	69	499, 439.
	Organizations that do not follow SFAS 117, check here G <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds.....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds.....		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	3, 940, 708.	73	3, 654, 570.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73 .....	3, 952, 282.	74	3, 661, 689.

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements .....	a	574,686.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments .....	b1	
	2 Donated services and use of facilities .....	b2	
	3 Recoveries of prior year grants .....	b3	
	4 Other (specify): .....	b4	
	Add lines b1 through b4 .....	b	
c	Subtract line b from line a .....	c	574,686.
d	Amounts included on Part I, line 12, but not on line a:		
	1 Investment expenses not included on Part I, line 6b .....	d1	
	2 Other (specify): .....	d2	
	Add lines d1 and d2 .....	d	
e	Total revenue (Part I, line 12). Add lines c and d .....	G e	574,686.

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements .....	a	808,027.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities .....	b1	
	2 Prior year adjustments reported on Part I, line 20 .....	b2	
	3 Losses reported on Part I, line 20 .....	b3	
	4 Other (specify): .....	b4	
	Add lines b1 through b4 .....	b	
c	Subtract line b from line a .....	c	808,027.
d	Amounts included on Part I, line 17, but not on line a:		
	1 Investment expenses not included on Part I, line 6b .....	d1	
	2 Other (specify): .....	d2	
	Add lines d1 and d2 .....	d	
e	Total expenses (Part I, line 17). Add lines c and d .....	G e	808,027.

**Part V-A** Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
JIM WALLACE 100 WEST BROADWAY FRANKFORT, KY 40601	Executive Direc 40.00	54,654.	0.	0.
KENT WHITWORTH 100 WEST BROADWAY FRANKFORT, KY 40601	Secretary 0	0.	0.	0.
WARREN W. ROSENTHAL 100 WEST BROADWAY FRANKFORT, KY 40601	Offi cer 0	0.	0.	0.
JOHN R. HALL 100 WEST BROADWAY FRANKFORT, KY 40601	Offi cer 0	0.	0.	0.

Yes	No
-----	----

--	--	--

75b		X

75c		X

--	--	--

75d	X	
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Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)
----------	--

[illegible]

Yes	No
-----	----

--	--	--

76		X
----	--	---

77		X
----	--	---

--	--	--

78a	X
-----	---

78b	N/A
-----	-----

79		X

80a		X

--	--	--

--	--	--

--	--	--

81 b	X
------	---

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI.	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 G 0 ; section 4912 G 0 ; section 4955 G 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	G 0.	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	G 0.	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed G None		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	0
91 a	The books are in care of G JIM WALLACE Telephone number G 502-564-1792 Located at G KENTUCKY HISTORY CENTER, FRANKFORT, KY 4 FRANKFORT KY ZIP + 4 G 40601		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
If 'Yes,' enter the name of the foreign country G			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			



**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c ☐ Yes ☒ No

If 'Yes,' enter the name of the foreign country G \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here N/A ☐ G ☐

and enter the amount of tax-exempt interest received or accrued during the tax year. G 92 N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments. ....					
g Fees & contracts from government agencies. . .					
94 Membership dues and assessments. .					
95 Interest on savings & temporary cash invmnts. .					77,168.
96 Dividends & interest from securities. .					
97 Net rental income or (loss) from real estate:					
a debt-financed property. ....					
b not debt-financed property. ....					
98 Net rental income or (loss) from pers prop. . .					
99 Other investment income. ....					
100 Gain or (loss) from sales of assets other than inventory. ....					
101 Net income or (loss) from special events. ....					
102 Gross profit or (loss) from sales of inventory. . .					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)). . . .					77,168.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .				G	77,168.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
F	
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ Nob Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

	Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	<b>G</b> _____ Signature of officer	_____ Date
	<b>G</b> JIM WALACE, Director Type or print name and title.	

Paid Pre- parer's Use Only	Preparer's signature <b>G</b> Greg Mi kl avci c, CPA	Date _____	Check if self-employed <b>G</b> <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) <b>N/A</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>G</b> Charles T. Mitchell Co. 201 W. Main Street, PO Box 698 Frankfort, KY 40601-1867		EIN <b>G</b> N/A	
	Phone no. <b>G</b> (502) 227-7395			

BAA

Form 990 (2007)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information (See separate instructions.)

**G** MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-0047

**2007**

Name of the organization **KENTUCKY HISTORICAL SOCIETY FOUNDATION  
INC.**

Employer identification number  
**61-1204590**

**Part I** Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees  
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	<b>G</b> 0			

**Part II A** Compensation of the Five Highest Paid Independent Contractors for Professional Services  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	<b>G</b> 0	

**Part II B** Compensation of the Five Highest Paid Independent Contractors for Other Services  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	<b>G</b> 0	

**Part III** Statements About Activities (See instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . G \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year. . . . . G <u>N/A</u>			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. . . . . G <u>N/A</u>			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts. . . . . G <u>0</u>			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. . . . G <u>0.</u>			

**Part IV** Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state G \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions ' subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: G  
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total..... G					0.

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

Schedule A (Form 990 or 990-EZ) 2007

**Part IV-A** Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)..... G	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)....	2, 063, 831.	1, 478, 553.	555, 856.	314, 551.	4, 412, 791.
16 Membership fees received.....					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.....					0.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975....	100, 100.	42, 739.	13, 434.	3, 224.	159, 497.
19 Net income from unrelated business activities not included in line 18.....					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.....					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.....					0.
23 Total of lines 15 through 22.....	2, 163, 931.	1, 521, 292.	569, 290.	317, 775.	4, 572, 288.
24 Line 23 minus line 17.....	2, 163, 931.	1, 521, 292.	569, 290.	317, 775.	4, 572, 288.
25 Enter 1% of line 23.....	21, 639.	15, 213.	5, 693.	3, 178.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24..... G					26a 91, 446.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts..... G					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)..... G					26c 4, 572, 288.
d Add: Amounts from column (e) for lines: 18 159, 497. 19 22 26b					26d 159, 497.
e Public support (line 26c minus line 26d total)..... G					26e 4, 412, 791.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))..... G					26f 96. 51 %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c
d Add: Line 27a total and line 27b total.....					27d
e Public support (line 27c total minus line 27d total)..... G					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e).... G					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))..... G					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))..... G					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V** Private School Questionnaire (See instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?.....	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?.....	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?..... If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	31		
-----			
-----			
-----			
32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?.....	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?.....	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?.....	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?.....	32d		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
-----			
-----			
33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?.....	33a		
b Admissions policies?.....	33b		
c Employment of faculty or administrative staff?.....	33c		
d Scholarships or other financial assistance?.....	33d		
e Educational policies?.....	33e		
f Use of facilities?.....	33f		
g Athletic programs?.....	33g		
h Other extracurricular activities?.....	33h		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
-----			
-----			
34a Does the organization receive any financial aid or assistance from a governmental agency?.....	34a		
b Has the organization's right to such aid ever been revoked or suspended?.....	34b		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.....	35		

**Part VI-A** Lobbying Expenditures by Electing Public Charities (See instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check G a ☐ If the organization belongs to an affiliated group. Check G b ☐ If you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying).....	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying).....	37	
38	Total lobbying expenditures (add lines 36 and 37).....	38	
39	Other exempt purpose expenditures.....	39	
40	Total exempt purpose expenditures (add lines 38 and 39).....	40	
41	Lobbying nontaxable amount. Enter the amount from the following table ' <div style="display: flex; justify-content: space-between;"> <div> <p>If the amount on line 40 is ' <div style="display: flex; justify-content: space-between;"> <div>Not over \$500,000.....</div> <div>20% of the amount on line 40.....</div> </div> <div>Over \$500,000 but not over \$1,000,000.....</div> <div>Over \$1,000,000 but not over \$1,500,000.....</div> <div>Over \$1,500,000 but not over \$17,000,000.....</div> <div>Over \$17,000,000.....</div> </p></div> <div> <p>The lobbying nontaxable amount is ' <div style="display: flex; justify-content: space-between;"> <div>\$100,000 plus 15% of the excess over \$500,000</div> <div>\$175,000 plus 10% of the excess over \$1,000,000</div> <div>\$225,000 plus 5% of the excess over \$1,500,000</div> <div>\$1,000,000.....</div> </div> </p></div> </div>	41	
42	Grassroots nontaxable amount (enter 25% of line 41).....	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.....	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.....	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

**4 -Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50.)

	Lobbying Expenditures During 4 -Year Averaging Period				
Calendar year (or fiscal year beginning in) G	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount.....					
46 Lobbying ceiling amount (150% of line 45(e)).....					
47 Total lobbying expenditures.....					
48 Grassroots non- taxable amount.....					
49 Grassroots ceiling amount (150% of line 48(e)).....					
50 Grassroots lobbying expenditures.....					

**Part VI-B** Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

Yes	No	Amount

- a Volunteers.....
- b Paid staff or management (Include compensation in expenses reported on lines c through h.).....
- c Media advertisements.....
- d Mailings to members, legislators, or the public.....
- e Publications, or published or broadcast statements.....
- f Grants to other organizations for lobbying purposes.....
- g Direct contact with legislators, their staffs, government officials, or a legislative body.....
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means.....
- i Total lobbying expenditures (add lines c through h.).....

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

BAA

Schedule A (Form 990 or 990-EZ) 2007





Schedule of Contributors  
Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization KENTUCKY HISTORICAL SOCIETY FOUNDATION  
INC.

Employer identification number  
61-1204590

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)( 3 ) (enter number) organization  
☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation  
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation  
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation  
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule ' see instructions.)

General Rule '

- ☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules '

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ..... G \$ \_\_\_\_\_

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they *must* check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions  
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

KENTUCKY HISTORICAL SOCIETY FOUNDATION

61-1204590

**Part I** Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	William B. Sturgill P.O. Box 4277 Lexington, KY 40544-4277	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Joan C. Day 509 Jarvis Lane Louisville, KY 40207-1312	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	John E. Tobe 609 Teak Wood Drive Lexington, KY 40502-2708	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Rosenstein Foundation 343 Waller Avenue, Ste 100 Lexington, KY 40504-2912	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Warren Rosenthal P.O. Box 54826 Lexington, KY 40555-4826	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	James E. Wallace 765 Bridgeport Road Frankfort, KY 40601-9177	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Employer identification number

61-1204590

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization

Employer identification number

KENTUCKY HISTORICAL SOCIETY FOUNDATION

61-1204590

**Part III**

*Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.)

G \$

N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Application for Extension of Time To File an  
Exempt Organization Return

OMB No. 1545-1709

G File a separate application for each return.

? If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ G ☒

? If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed).Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension \* check this box and complete Part I only. ☐ G ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	KENTUCKY HISTORICAL SOCIETY FOUNDATION INC.	61-1204590
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	100 WEST BROADWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Frankfort, KY 40601-1931	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

? The books are in the care of G JIM WALLACE

Telephone No. G 502-564-1792 FAX No. G

? If the organization does not have an office or place of business in the United States, check this box ☐ G ☐? If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . G ☐ . If it is for part of the group, check this box . G ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until <u>2/15</u> , 20 <u>09</u> , to file the exempt organization return for the organization named above. The extension is for the organization's return for: G <input type="checkbox"/> calendar year 20__ or G <input checked="" type="checkbox"/> tax year beginning <u>7/01</u> , 20 <u>07</u> , and ending <u>6/30</u> , 20 <u>08</u> .	
2 If this tax year is for less than 12 months, check reason: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Change in accounting period	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Statement 1  
Form 990, Part I, Line 20  
Other Changes in Net Assets or Fund Balances

Accounts Payable Adjustment Entry made after last years .....	\$	-52,797.
Total	\$	<u>-52,797.</u>

Statement 2  
Form 990, Part II, Line 43  
Other Expenses

	(A) <u>Total</u>	(B) Program Services	(C) Management & General	(D) Fundrai si ng
ABRAHAM LINCOLN SOCIETY	29,860.	29,860.		
BlackBaud	45,174.	45,174.		
BOARD EXPENSES	3,535.	3,535.		
BRICK AND LEAVES	3,843.	3,843.		
CHURCHHILL WEAVERS ACQUISITION	28,563.	28,563.		
CLARK CAMPAIGN	27,575.	27,575.		
CREDIT CARD	816.	816.		
DIRECTORS FUND	10,971.	10,971.		
DONOR RECOGNITION	8,622.	8,622.		
Elevation	12,000.	12,000.		
FELLOWSHIP GRANTS	8,125.	8,125.		
FOLK FESTIVAL	33,488.	33,488.		
GOVERNERS AWARD	2,000.	2,000.		
GRANT RESTRICTED EXPENSES	48,130.	48,130.		
HCK/Cemetery	12,000.	12,000.		
IMLS - AAM Accreditation	37,623.	37,623.		
INSURANCE	7,473.	7,473.		
J.G. BROWN FOUNDATION	130,932.	130,932.		
KHS PROGRAMS	19,832.	19,832.		
LEWIS AND CLARK EXPENSE	1,850.	1,850.		
LIBRARY EXP	5,294.	5,294.		
MEMBERSHIP DUES	2,998.	2,998.		
MISCELLANEOUS	1.	1.		
MUSEUM EXP	1,131.	1,131.		
Professional Development	915.	915.		
PROgram Enhancements	-399.	-399.		
Railroad Acquisition	-5,000.	-5,000.		
SERVICE CHARGES	411.	411.		
Unbudgeted Expenses	20,044.	20,044.		
Unrealized Loss on Investments	70,232.	70,232.		
Total	<u>\$ 568,039.</u>	<u>\$ 568,039.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>